

FILE FORMS EVERY YEAR: PART A AND B must be returned to the Superintendent's Office EACH YEAR no later than August 15, or by December 15 to begin home schooling the second semester, or during the year with a 14-calendar day waiting period. **Only** the Superintendent or local School Board has the authority to waive the 14-day waiting period. **Please retain a copy of the completed form for your files.**

2013-2014 School Year

(Do not modify/revise ADE forms)

District LEA # 6003 (District use only)

Submit/Mail all forms to Superintendent's Office ONLY

Check your local phone book or Arkansas Department Of Education website for district address

TESTING: State law requires that home school students in grades 3 through 9 test every year. The tentative test date for home school students will be in April of 2014. Please check the Home School Testing website for more information at <http://www.arhomeschooltesting.org> Parents/legal guardians that are registered for the current school year will receive written notification of the test dates, times, and sites later in the school year. Please contact the Arkansas Home School Testing Office if you have questions regarding testing. (501) 354-3136

Notice of Intent to Home School

Arkansas Department of Education-Home School Office (501) 682-1874

<http://arkansased.org/about/schools/home.html>

PART A – Please print (forms must be legible to be accepted)

In accordance with the procedures established for the Implementation of Act 1117 of 1999, I/we hereby give notice to Dr. Jerry Guess, Superintendent of the

Pulaski County School District, Pulaski County, of my/our intent to provide home instruction to my/our own child(ren) located at:

425 School Way Drive, Little Rock, AR 72211, beginning date for **2013-2014** August 1, 2013.
Print or Type Parent's Address **City** **Zip** **(start date - Month/Day/Year)**

Parent's mailing address if different from above: PO Box 0000, Little Rock, AR 72201 (for mailing test notification/results)

Further, I/we agree that my/our child(ren) will take a nationally recognized standardized achievement test as required in A.C.A. 6-15-504. The test will be administered to home school students in grades 3 through 9 during the testing window for the current school year. The Arkansas Department of Education recommends that you notify the local school district of any change of address or if you discontinue to home school. In order to maintain legal home school status, current year forms must be filed every year by the established deadlines. During the school year, new forms must be submitted within 30 days of the parent(s) moving to a new school district.

Michael & Carolyn Western

PRINT name of parent/guardian

(501) 555-5555

Phone Number (Optional)

Occupation

(Optional)

July 15, 2013

Today's Date

Student Information:

Name of School Last Attended:

<i>PRINT or TYPE STUDENT’S NAME</i>				Date of Birth Month/Day/Year	Sex (Circle one)	GRADE LEVEL COMPLETED LAST SCHOOL YEAR (Circle one)	GRADE LEVEL STUDENT IS IN THIS YEAR STUDENTS IN GRADES 3 through 9 MUST TEST (Testing - April 2014)	Permanently Exempt from Home School Testing Grades 3-9 <i>Per Home School Test Coordinator</i> Place check in box	Type of School Last Attended (Circle one)	
*Student has an IEP on file	<i>Please print clearly and legible</i> <u>Give Full Legal Name</u> FIRST MIDDLE LAST									
	Zachary	Cole	Western	07/07/96	M F	0 K 1 2 3 4 5 6 7 8 9 10 11	12		Public	Parochial
	Dawson	Gary	Western	04/16/99	M F	0 K 1 2 3 4 5 6 7 8 9 10 11	9		Public	Parochial
	Ethan	Alexander	Western	05/18/01	M F	0 K 1 2 3 4 5 6 7 8 9 10 11	7		Public	Parochial
X	Abigail	Kimberly	Western	06/02/04	M F	0 K 1 2 3 4 5 6 7 8 9 10 11	4	X	Public	Parochial
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public	Parochial
					M F	0 K 1 2 3 4 5 6 7 8 9 10 11			Public	Parochial

Page Must be completed - Curriculum (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)

Give a brief description of the basic core curriculum to be used and include a list of the subjects to be taught:

Grades 1-8 Alpha Omega Curriculum History/Geography, Language Arts, Spelling, Math, Science, P.E., Art, Music.

Grades 9-12 American School Curriculum Civics, World Geography, Language Arts, Algebra II, Physical Science II, Calculus, Psychology, Planning Your Career, Health, P.E., Art, Music

Class Schedule (Required information: DISTRICT OFFICE, do not accept this form if this section is blank.)

Describe the schedule planned for your home school: (Include the hours per day, days per week, number of weeks)

Grades 1-8 3-4 hours per day, five days per week, 36 weeks per year, 9 month term

Grades 9-12 4-6 hours per day, five days per week, 36 weeks per year, 9 month term

Educational Qualifications of Parent/Teacher(s) (Circle the highest level of educational attainment.)

<u>Print or Type</u> Name of Parent/ Guardian	Parent/Guardian	School	College	Degree	
Michael J Western	Parent Guardian	6 7 8 9 10 11 12 HS/Grad	1 2 3 4 Col/Grad	MBA	University of Chicago Chicago, IL
	Parent Guardian	6 7 8 9 10 11 12 HS/Grad	1 2 3 4 Col/Grad		University of Central Arkansas Conway, AR

No approval letter or curriculum will be sent to parents/guardians. Parents have FULL responsibility for providing material(s) to their children.

DRIVER'S PERMIT/LICENSE SECTION ONLY – No need to complete below this line if you are not seeking a driver's license.

This section below ONLY APPLIES FOR STUDENTS 14 YEARS OF AGE OR OLDER who are obtaining a driver's permit or license during the 2013-2014 year.

Arkansas Department of Education Rules and Regulations Governing Home Schools 10.00 States: "A student enrolled in a home school shall present proof of home schooling in the form of a notarized copy of the Notice of Intent to Home School. The parent/guardian has the responsibility of providing the notarized copy."

Please call the Home School Office at 501-682-1874 if you have questions. Make a copy of this form and have the COPY notarized and a birth certificate when seeking a driver's permit or licenses.

Notary Seal:

Signature of Notary _____ Date _____

Parent Signature _____ Date _____

Please retain a copy of the completed form for your files.